



SUPPLEMENTAL APPLICATION DATA SHEET

**Application Information**

Application Number:: 10/634,441  
Filing Date:: 08/05/03  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: COMPOSITIONS AND METHODS FOR  
HYPERIMMUNE RESPONSE IN THE  
EYE  
Attorney Docket Number:: 046488-5007-02-US  
Small Entity?:: Yes

**Applicant Information**

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Boris  
Family Name:: Skurkovich  
City of Residence:: Pawtucket  
State or Province of Residence:: Rhode Island  
Country of Residence:: USA  
Street of Mailing Address:: 18 Blaisdell Avenue  
City of Mailing Address:: Pawtucket  
State or Province of Mailing Address:: Rhode Island

Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 02860  
  
Inventor Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Simon  
Family Name:: Skurkovich  
City of Residence:: Rockville  
State or Province of Residence:: Maryland  
Country of Residence:: USA  
Street of Mailing Address:: 802 Rollins Avenue  
City of Mailing Address:: Rockville  
State or Province of Mailing Address:: Maryland  
Country of Mailing Address:: USA  
Postal or Zip Code of Mailing Address:: 20852

### **Correspondence Information**

Name: Kathryn Doyle, Ph.D., J.D.  
Drinker Biddle & Reath, LLP  
Correspondence Customer Number:: 23973  
Street of Mailing Address:: One Logan Square  
18<sup>th</sup> & Cherry Streets

City of Mailing Address:: Philadelphia

State or Province of Mailing Address:: Pennsylvania

Country of Mailing Address:: US

Postal or Zip Code of Mailing Address:: 19103

Phone Number:: 215.988.2902

Fax Number:: 215.988.2757

E-mail Address:: Kathryn.Doyle@dbr.com

Representative Information		
Representative Customer Number::		23973
Representative Designation::	Registration Number::	Representative Name::
Primary	36,317	Kathryn Doyle

Domestic Priority Information			
Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	10/372,644	02/21/03
10/372,644	Continuation of	09/894,287	06/28/01
09/894,287	An application claiming the benefit under 35 USC 119(e)	60/295,895	06/05/01

---

**Foreign Priority Information**

County::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Advanced Biotherapy Inc.
Street of Mailing Address::	141 W. Jackson Street, Suite 2182
City of Mailing Address::	Chicago
State or Province of Mailing Address::	Illinois
Postal or Zip Code of Mailing Address::	60604